						ION OF HEALTH AND WE	LIH - \$1AND	AKD CE	KIIFICATE O	PF DEATH	<b>26</b>	<u>3-032(</u>	508
DO NOT WRITE	ARTM		r o NDEI			gistration District No		ery Registratio	n District No. 20	Ol Registrar's No.	428	STATE FILE NU	JMBER
VS 300		1			4	. COUNTY	<del>6 1963</del> Jasper				ICE (Where deceased live	d. If institution: Newton	Residence before admission)
Rev. 4/59	AMENDED		ŀ		-	OD .	porate limits, give TOWNS Joplin	HIP only)	Length of stay in 1b	c. CITY OR TOWN	Joplin		Inside Limits
30499	121	\ '			_	c. FULL NAME OF (IF	NOT in hospital, give locate. John's Hos	pital	Inside Limits Yes♣ No □	d. STREET ADDRESS	4030 Joplin S	give location) Street	Reside on Farm
<sup>2</sup> 0139	28	-		1	3	NAME OF DECEASED (Type or print)	First MARY	LEO	Middle NA HOA	Lost LGLAND	4. DATE MONOR OF DEATH Augus	,	Year 963
4   5 K					- 5	. sex	6. COLOR OR RACE	7. Married Widowed		8. DATE OF BIRTH 9-23-1893	9. AGE (last birthday)		
	NS.				10	a. USUAL OCCUPATION during most of workin HOUSE	1 (Give kind of work done ig lite, even if retired) 3W118	106. KIND OF		Y 11. BIRTHPLACE (	City and state or country) Indiana	12. CITIZÊN OF USA	WHAT COUNTRY
7 /	FOLLOW		ŀ		13	Charles D			nother's maiden nam Belle Ba	.er	Lucas (1	Hussand or Wife Luke) Hoag	
8 7 I	AS				15 (Y	WAS DECEASED EVER	IN U.S. ARMED FORCES? yes, give war or dates of	16. :	SOCIAL SECURITY NO.	17. INFORMANT S Frank Hoagl	•	Address icher, Jop	
10	S AR			MENT		18. CAUSE OF DEATH PART I.	(Enter only one cause per DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(4)	hel Dum	bais	(Lep)	IN O	TERVAL BETWEEN INSET AND DEATH
12 3-0	HIS RECORE			DOCO		Conditio	ns, if any, ] DUE TO (b	Outes	ustenin	Succelyio	0 - and		
<u> </u>	THIS	_		4		above c	eve rise to cause (e), the under- euse lest. DUE TO (c	( Colu	wheto	bent	Lucia		aurear .
	NO NO				NOIL	PART II.	OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO DEAT	TH but not related to	the terminal PART		was female was ancy in last 90 days
	AMENDMENTS				ERTIFICA	19. WAS AUTOPSY PERFORMED?	A NW 1962	E HOMICIDE	206. DESCRIBE HO	W INJURY OCCURRED	Enter hature of injury in	PART I or PART I	,   —
y O	AMEN				MEDICAL C	20c. TIME OF Hou	Month, Day, Year					-	
K INK RIBBON					W	20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT V	ED 20e. PLACE farm, f	OF INJURY (e. actory, street,	g., in or about home, office bldg., etc.)	20f. CITY, TOWN, OF	LOCATION	COUNTY	STATE
BLACK OR RITER R	READ		٦			21. I attended the dec	ceased (com	962	, to Cur		d last saw her alive on and to the best of my kno	wledge, from the	1963 causes stated.
USE BLACK OR TYPEWRITER	dinoHs		!	TOF		Death occurred at	July 8	à title)		22b. ADDRESS	tom Oh )	meline	8-30-63
. <b>-</b>	ON	+		AFFIDAVIT	23	BURTAL, CREMATION,	23b. DATE 8-31-1963	23c. NAM	orest Park C	emetery.	Joplin, Mis	souri	(State)
	ITEM N			BY AF	34 S	FUNERAL DIRECTOR	MORTUARY, JOP	LIN, MI		3- 196	EG. 26, REGISTRAR'S S	e Me	rrian
,	.4	1	1 L	1				(Li	censed Embalmer's State	ment on Reverse Side)			

## STATEMENT BY LICENSED EMBALMER

by	<del></del>	, Student Embalmer No
	er i	
rking under my personal super	vision.	De Aline
dent	·	Signed // Wes U- hark
Signature of Stude	nt Embalmer	
		Licensed Embalmer No. 5/73
•	2 2	$()$ $\rho \sim \Omega$
<del></del>		P. O. Address from

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.